

University of Dundee

Standards, Equality and Safety in Mohs Micrographic Surgery for patients living with HIV

Alani, A.; Allstaff, S.; Yirell, D.; Topping, D.; Affleck, A.

Published in:
Clinical and Experimental Dermatology

DOI:
[10.1111/ced.14367](https://doi.org/10.1111/ced.14367)

Publication date:
2021

Document Version
Peer reviewed version

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):

Alani, A., Allstaff, S., Yirell, D., Topping, D., & Affleck, A. (2021). Standards, Equality and Safety in Mohs Micrographic Surgery for patients living with HIV. *Clinical and Experimental Dermatology*, 46(2), 354-355. <https://doi.org/10.1111/ced.14367>

General rights

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

ANGELA ALANI (Orcid ID : 0000-0002-4192-6331)

DR ANDREW GRAEME AFFLECK (Orcid ID : 0000-0002-0385-3186)

Article type : Correspondence

Standards, Equality and Safety in Mohs Micrographic Surgery for patients living with HIV

A. Alani,¹ S. Allstaff,² D. Yirell,³ D. Topping⁴ and A. Affleck¹

¹Dermatology Unit, Ninewells Hospital, James Arrott Drive, Dundee, DD2 9SY, Scotland.

²Genitourinary Medicine, Sexual & Reproductive Health, Ninewells Hospital, James Arrott Drive, Dundee, DD2 9SY, Scotland.

³Medical Microbiology Department, Ninewells Hospital, James Arrott Drive, Dundee, DD2 9SY, Scotland.

⁴Pathology Department, Ninewells Hospital, James Arrott Drive, Dundee, DD2 9SY, Scotland.

Corresponding author: Angela Alani

Email: angelaalani@yahoo.com

Conflicts of interest: None

Funding source: None

Dear Editor, the number of people living with diagnosed HIV (PLWHIV) is growing older and diversifying. In 2017, 98% of people receiving HIV care in the UK were on antiretroviral treatment and of those, 97% had an undetectable viral load (uVL). There is consensus that HIV with an uVL is not infectious.^{1,2} A minority of PLWHIV have a detectable viral load, however, almost always, HIV tends to be transmitted by undiagnosed individuals. An accepted custom has

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/CED.14367](#). This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Self-Archiving.

been for histopathology samples from PLWHIV to be processed differently from those without known HIV infection to mitigate the risk of transmission to clinical and laboratory staff. Recent personal communication with 25 different Mohs centres in the UK highlighted a diverse range of practice; 44% performed conventional frozen-section Mohs surgery on PLWHIV with an uVL, with the remainder using “slow Mohs” surgery with formalin-fixed sections for all PLWHIV regardless of viral load status. Our findings of practice in this regard, are similar to those reported in the USA.³

The Centres of Disease Control and Prevention (CDC) have issued guidance for clinicians to avoid/reduce BBV exposure in most procedural settings, however this does not extend specifically to MMS.⁴ In our view, conventional MMS with frozen sections for all PLWHIV regardless of viral load remains the standard of choice. Transmission of HIV is more likely to occur from an undiagnosed patient, as they (a) will be untreated dVL, (b) will be presumed to be HIV-negative and risk reduction procedures may be less rapid, and (c) may belong to a low-risk group and testing may be declined.

Under the Equality Act 2010, it is illegal to discriminate against someone based on their HIV status.⁵ Healthcare systems must lead by example if we wish to achieve the UNAIDS aspirational target of “getting to Zero”.

We recommend universal safety procedures for all healthcare workers and patients during Mohs surgery and other surgical procedures, regardless of known infectious potential.

Reference:

1. Progress towards ending the HIV epidemic in the United Kingdom. 2018 report- summary, key messages and recommendations. Gov. UK Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/813168/HIV_annual_report_2018_-_Summary_key_messages_and_recommendations.pdf
2. Eye of the needle. United Kingdom surveillance of significant occupational exposure to blood borne viruses in Healthcare workers. Dec 2014. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014_-_FINAL_CT_3_sig_occ.pdf

3. LoPiccolo M.C, Balle M.R, Kouba D.J et al. Safety precautions in Mohs Micrographic Surgery for patients with known Blood-Borne Infections: A Survey- Based Study. *Dermatol Surg* 2012; **38**: 1059-1065.
4. Centers for Disease Control (CDC). Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to healthcare and public safety workers. *MMWR Morb Mortal Wkly Rep* 1989;39 (Suppl 6):1-36.
5. Equality Act 2010. Information and guidance on the Equality Act 2010, including age discrimination public sector Equality Duty. Gov.uk 2010. Available at: <https://www.gov.uk/guidance/equality-act-2010-guidance#equalities-act-2010-legislation>